



Serial No. 09/204,388 Docket No.: DN-03  
In re application of: Steven Jecha  
Title: ADMINISTRATION AND SEARCH AND REPLACE OF  
COMPUTERIZED PREPRESS  
Contact: Robert Dulaney, Reg. No. 28,071  
Telephone: (781) 890-8434 ext. 160  
Sheet: 1 of 20

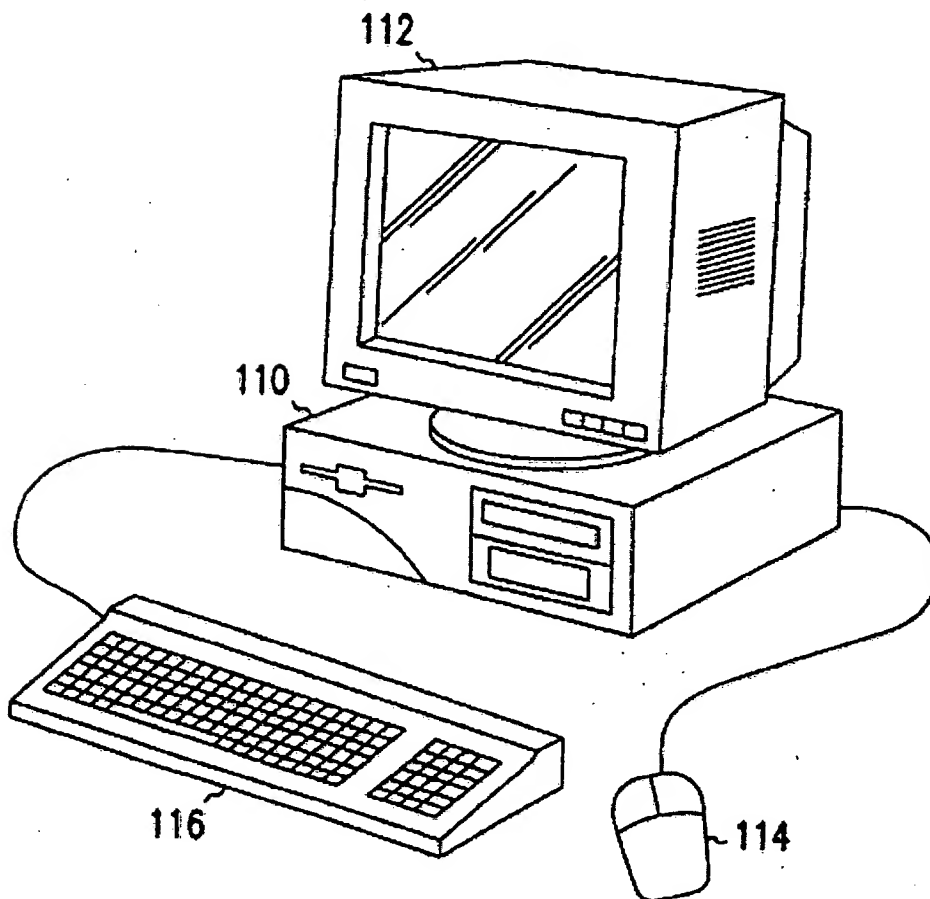


FIG. 1

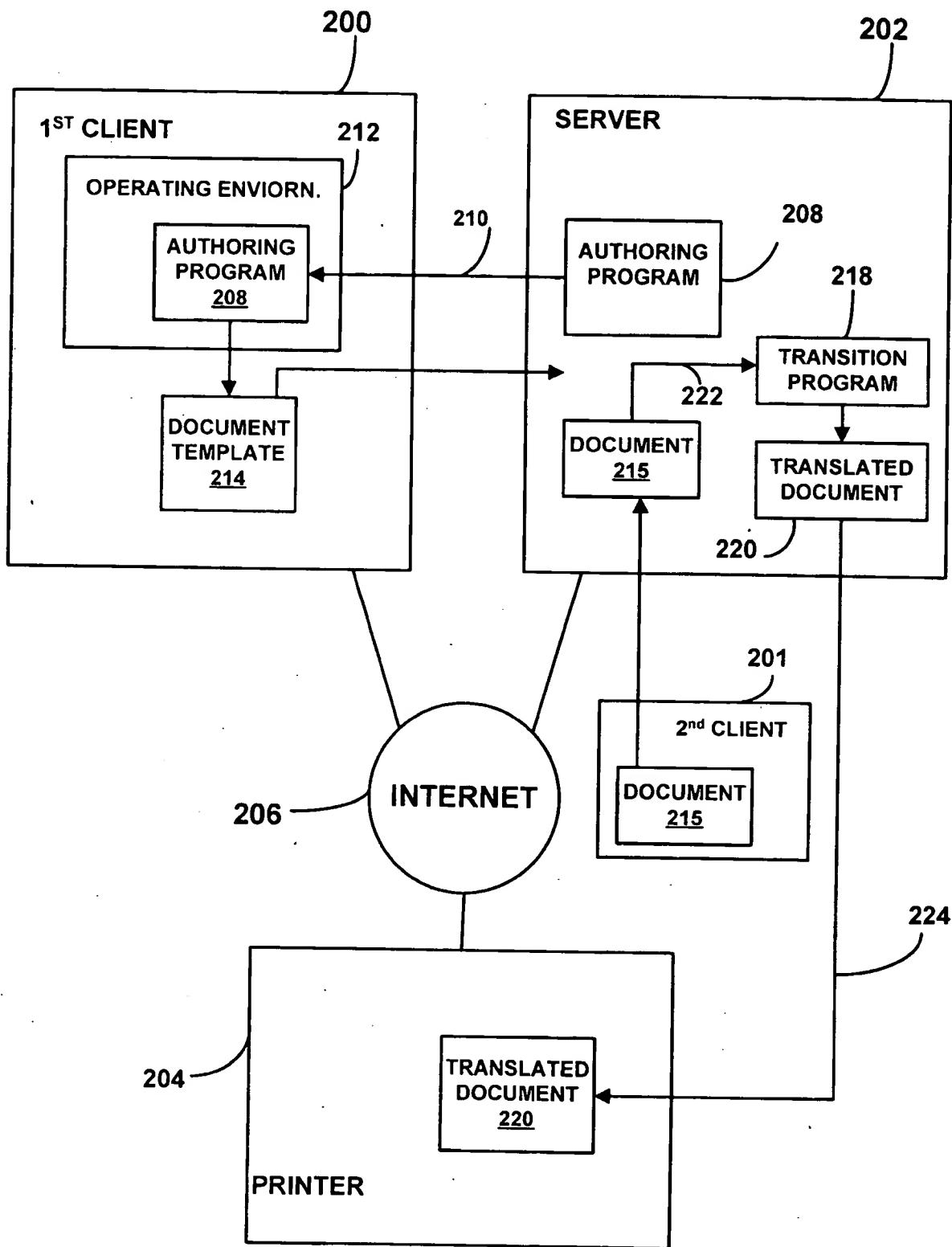


FIG. 2

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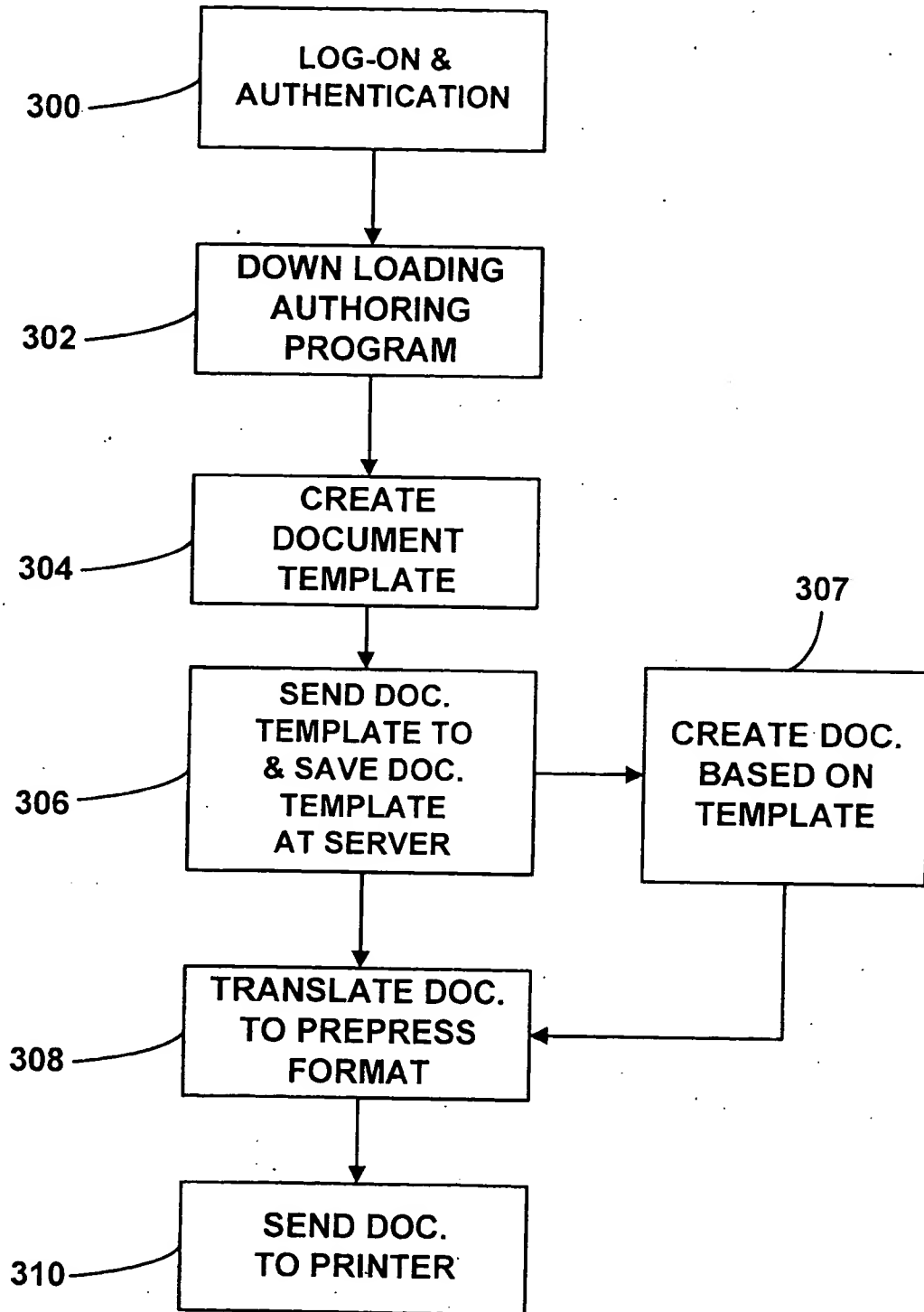


FIG. 3

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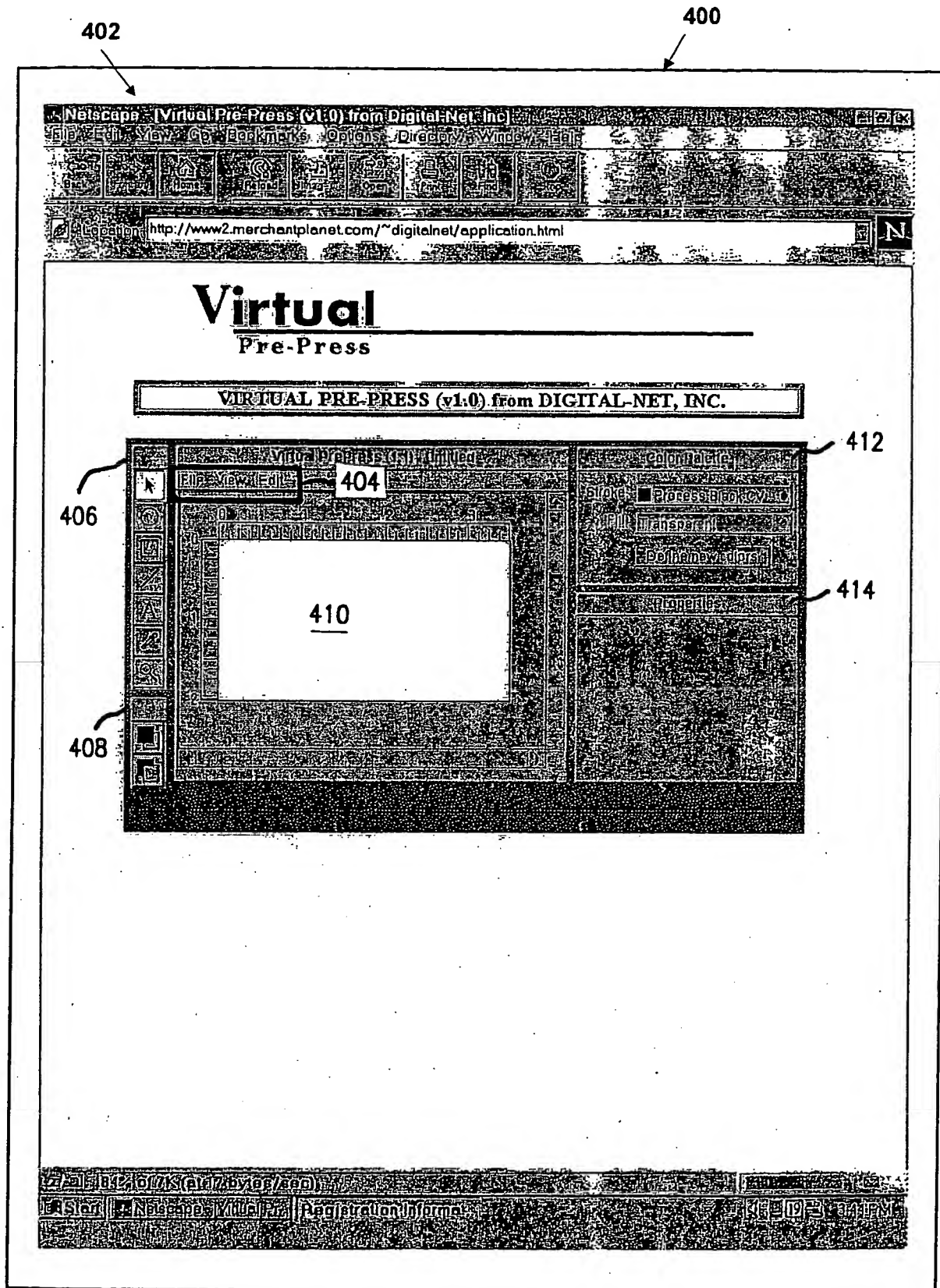


FIG. 4a

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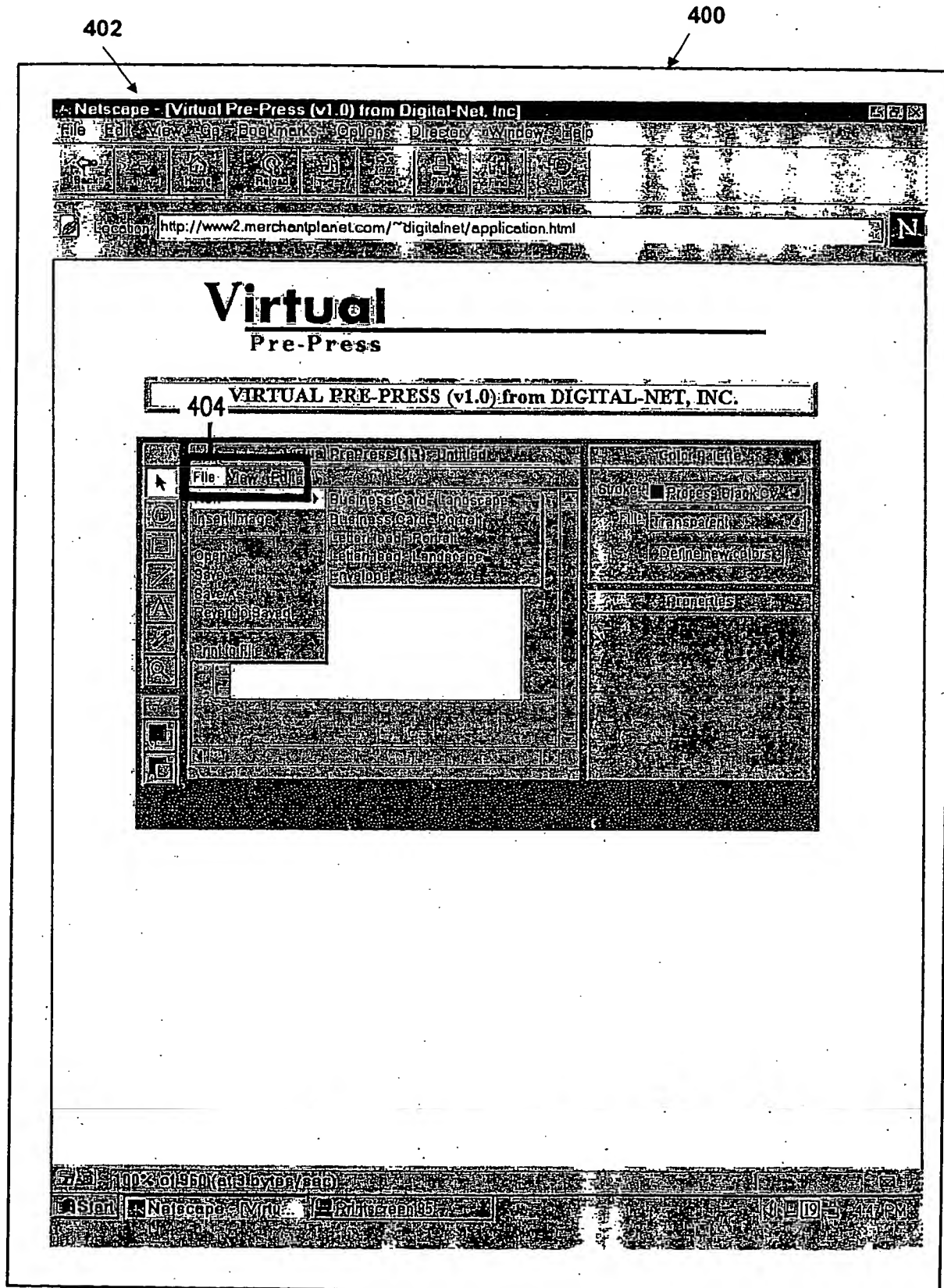
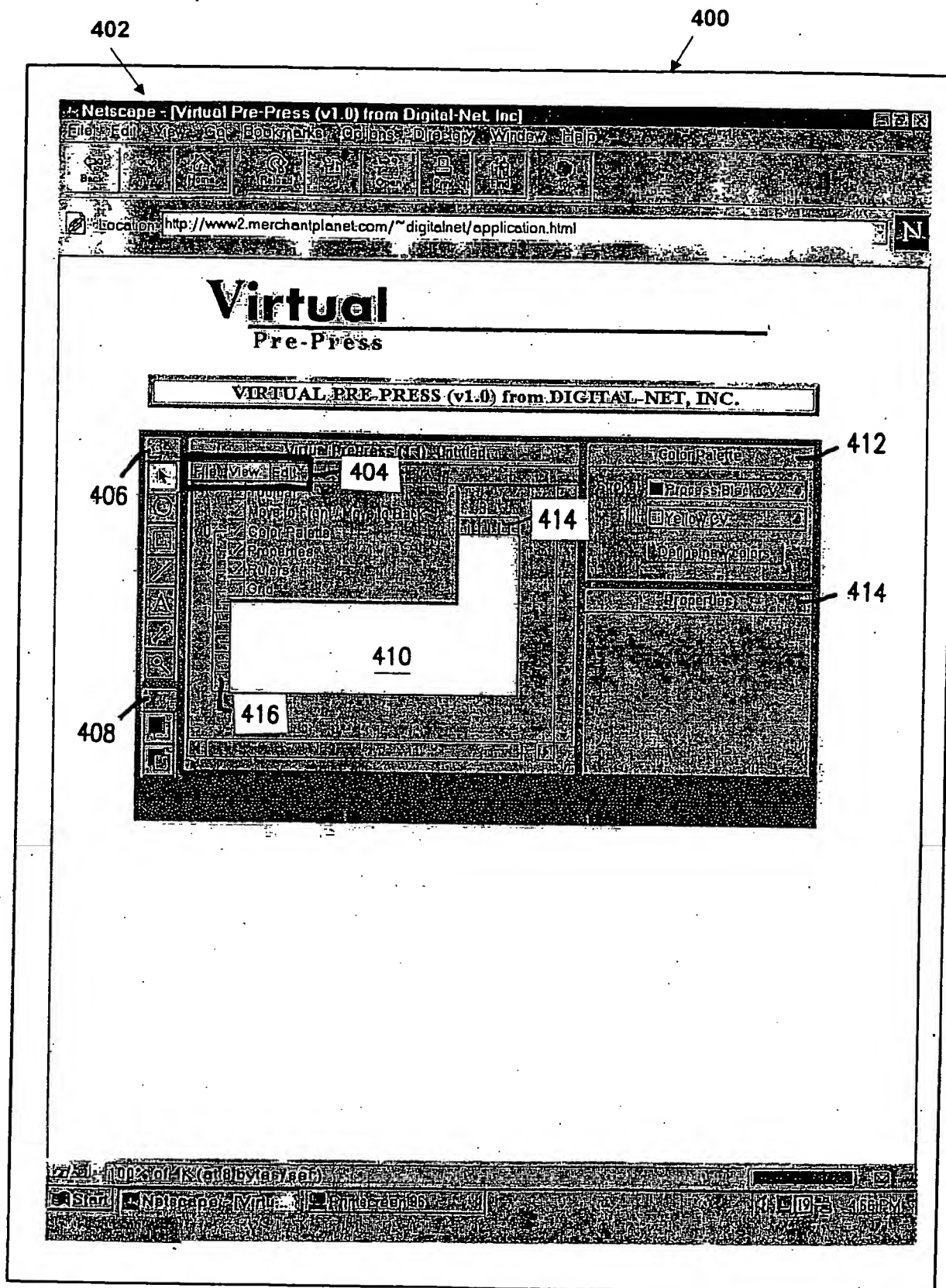


FIG. 4b

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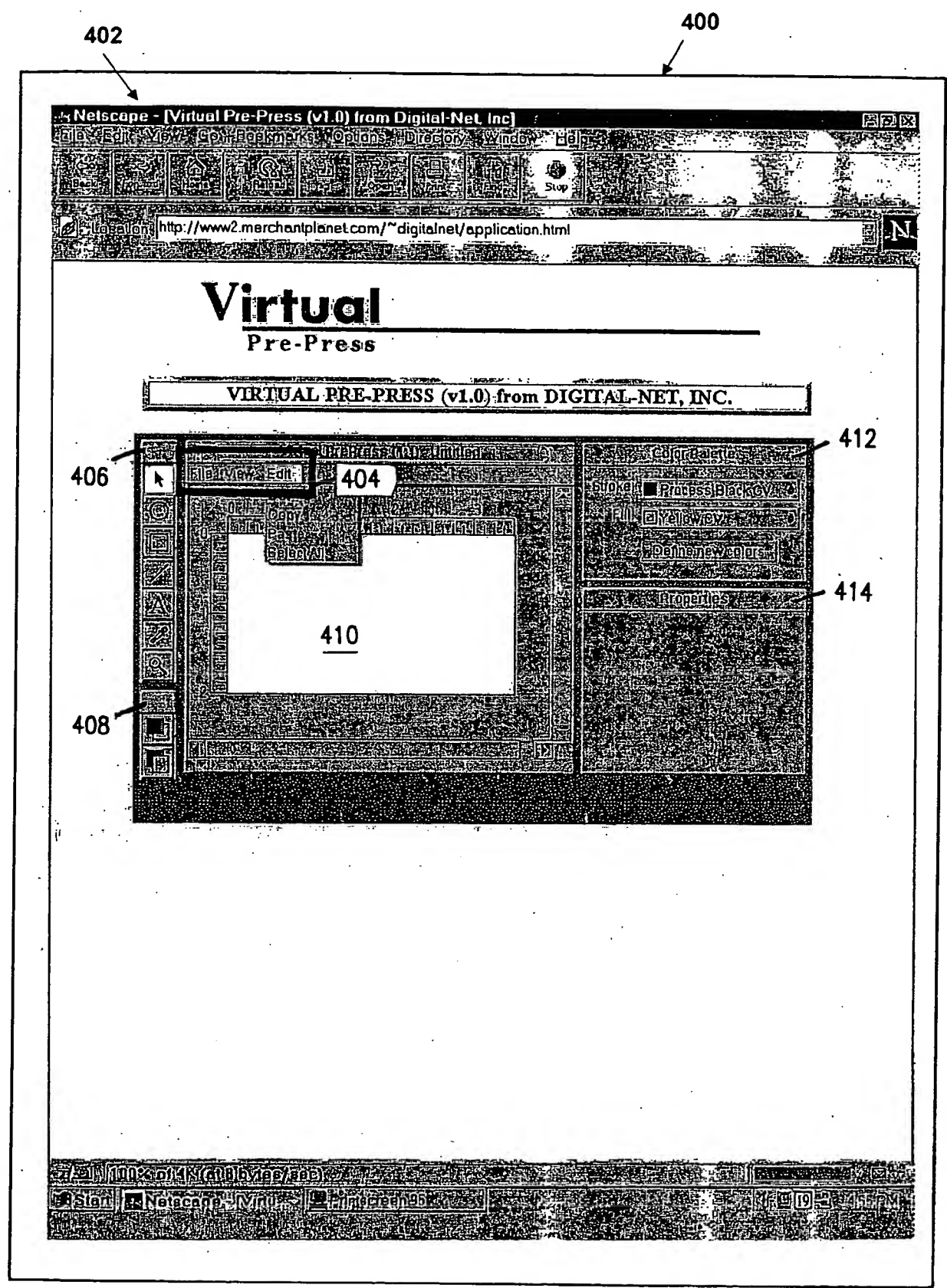


FIG. 4d

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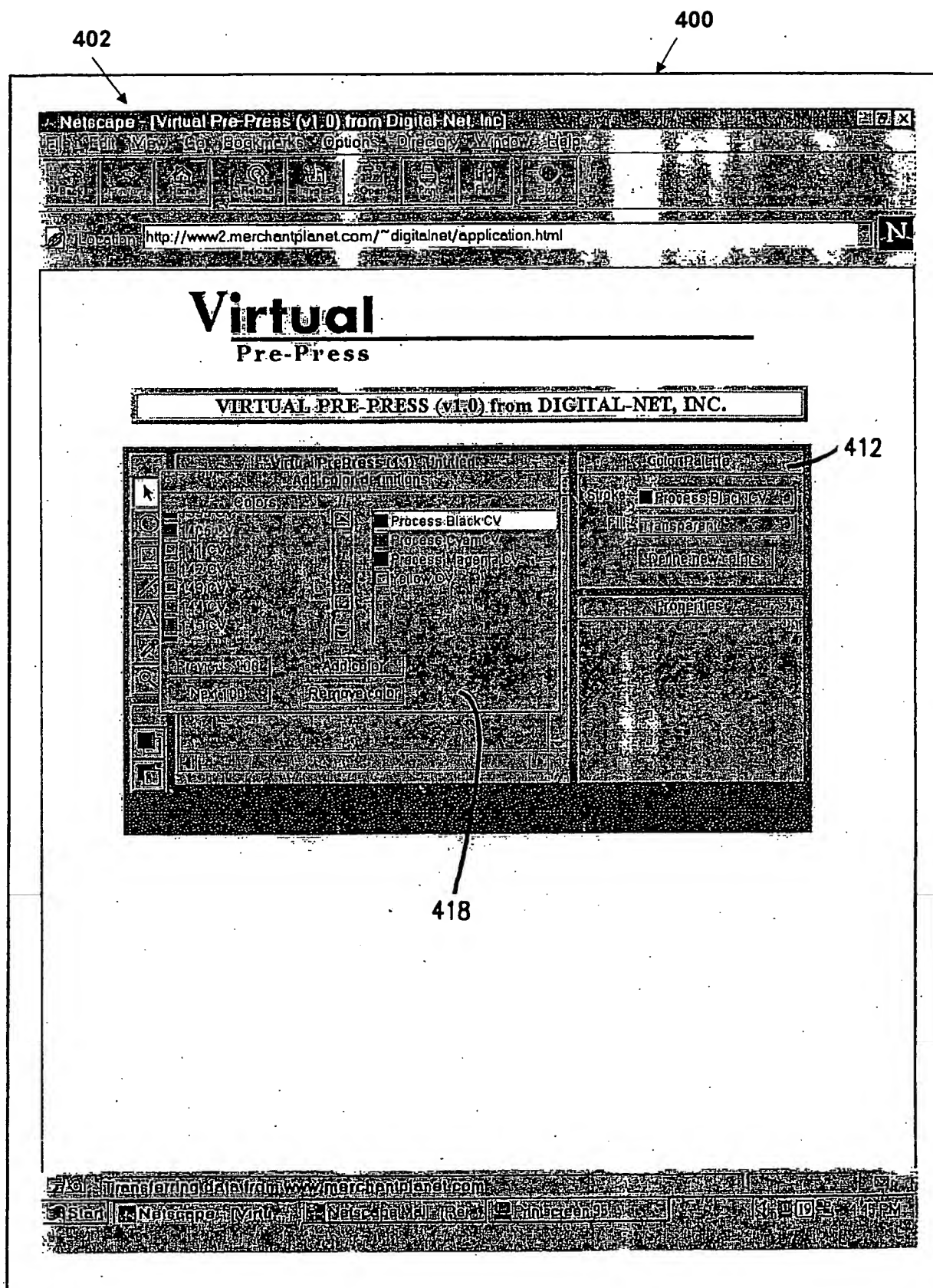


FIG. 4e



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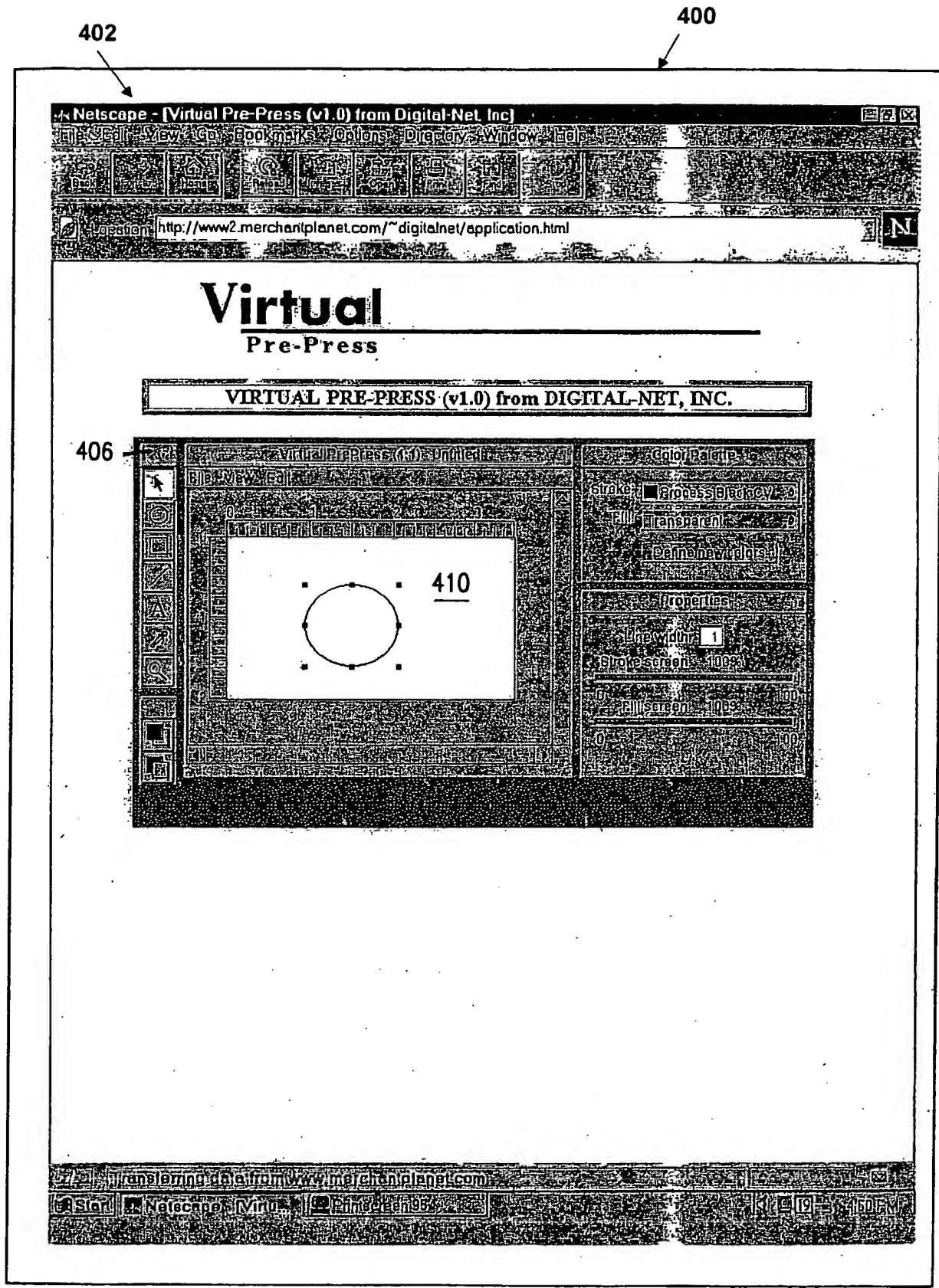


FIG. 4f

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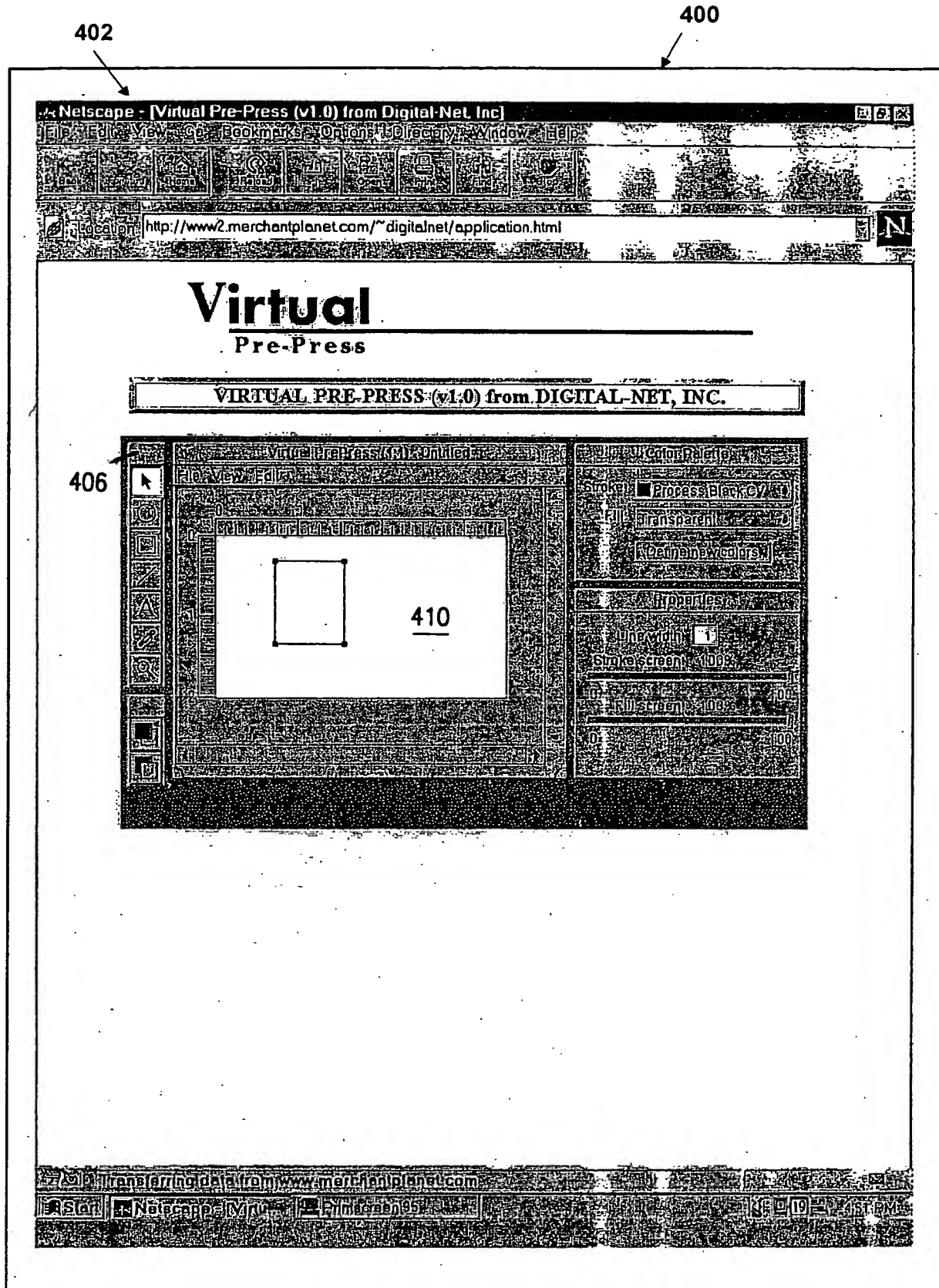


FIG. 4g

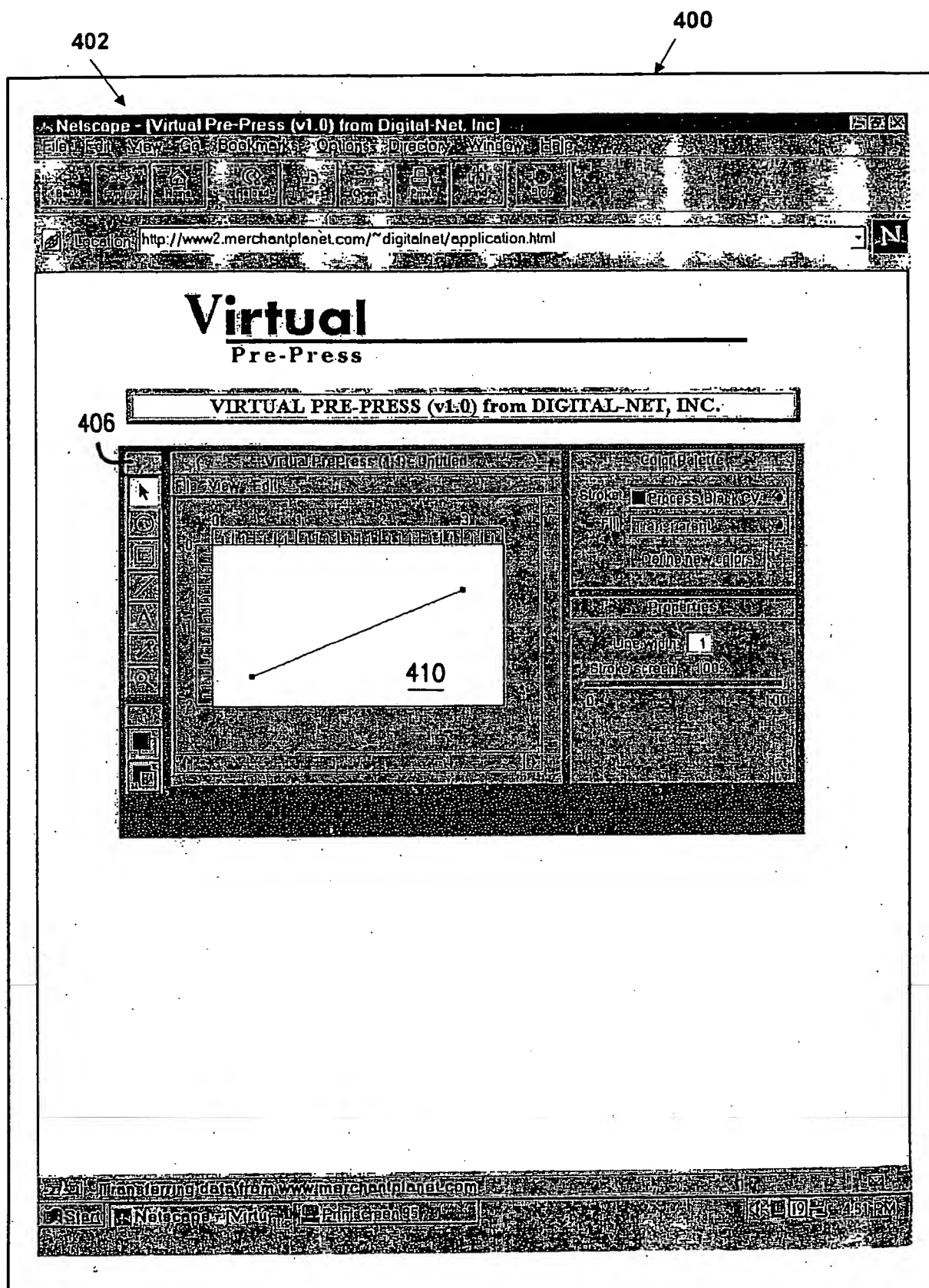


FIG. 4h

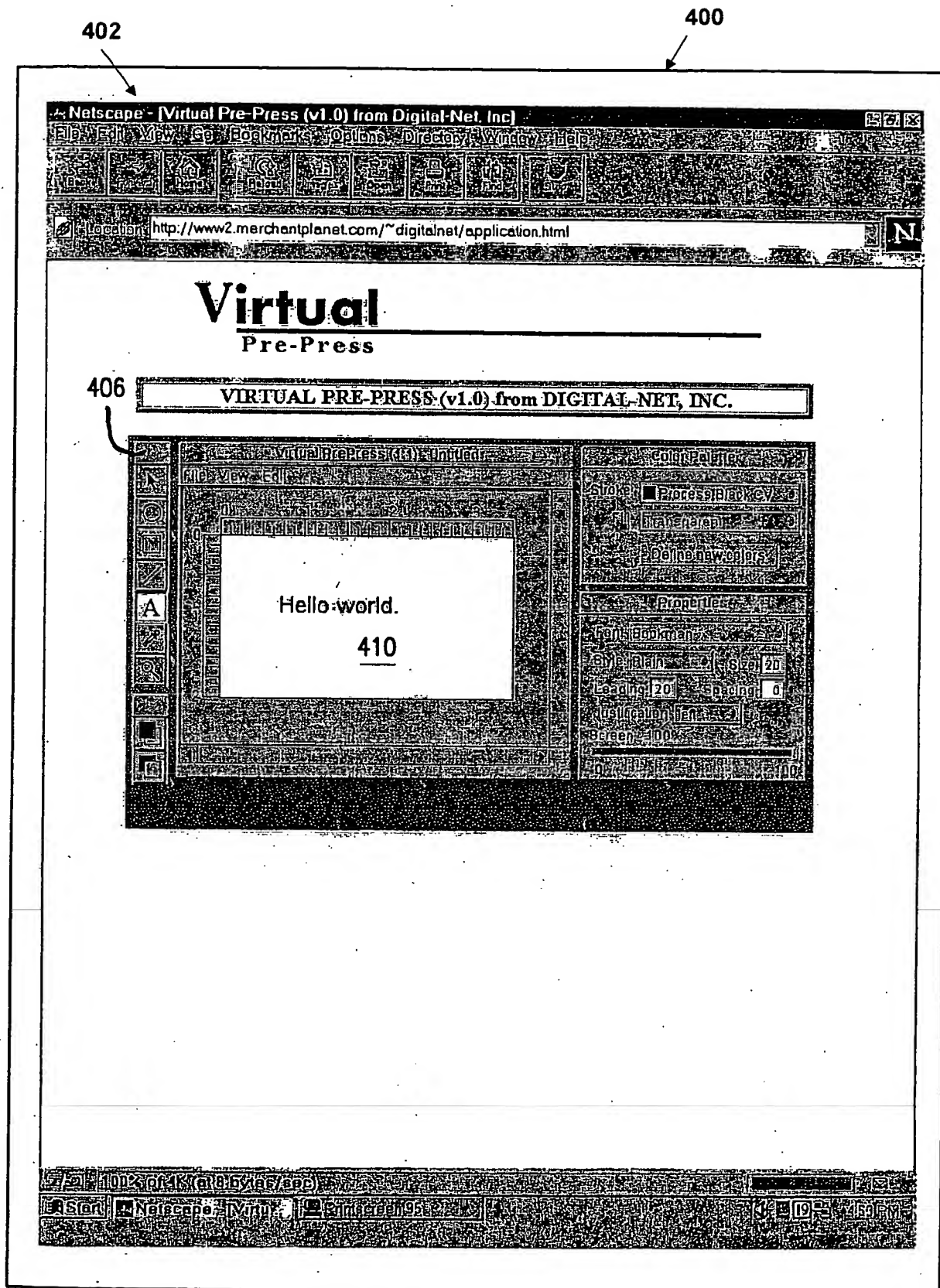


FIG. 4i

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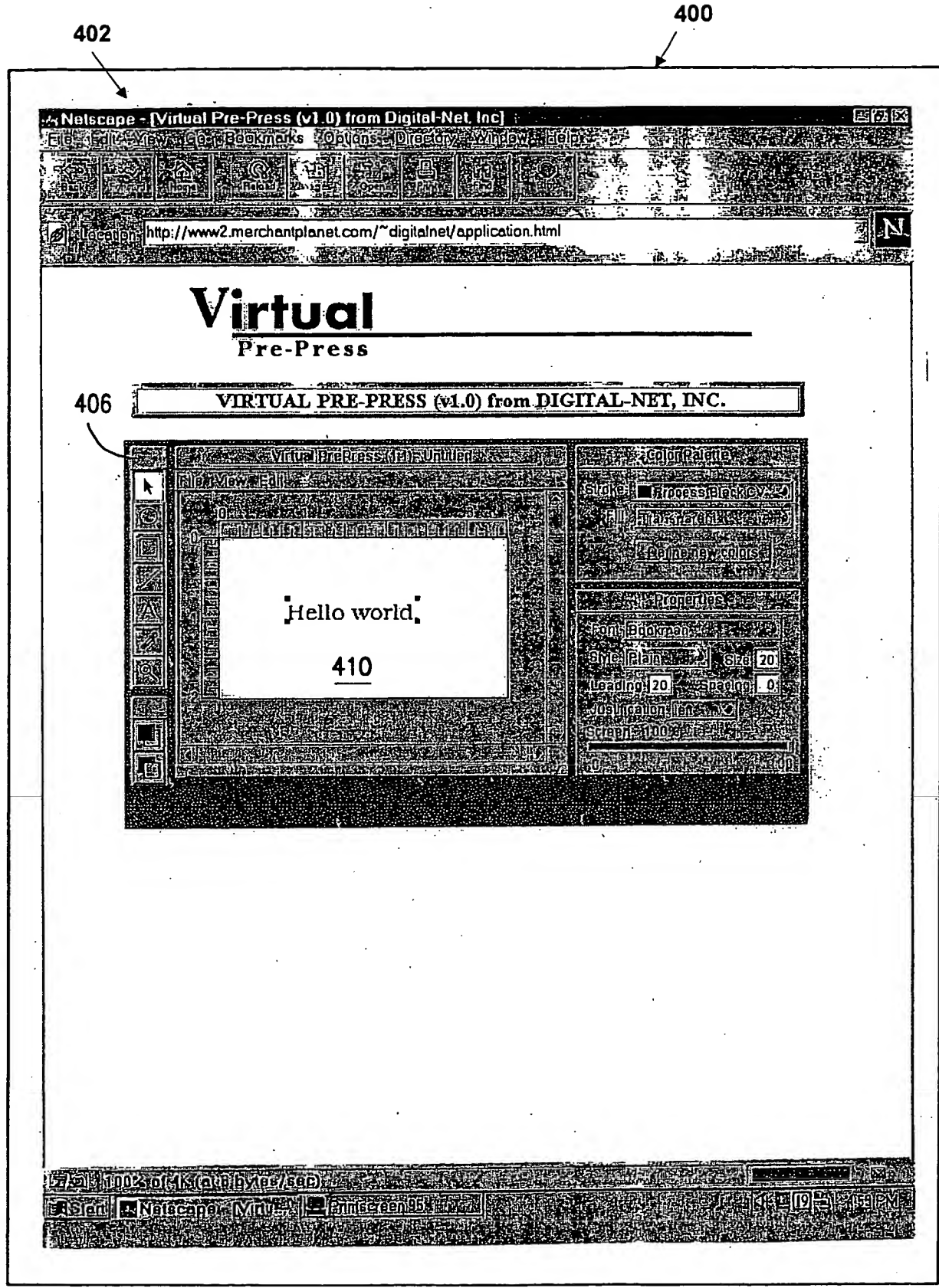


FIG. 4j



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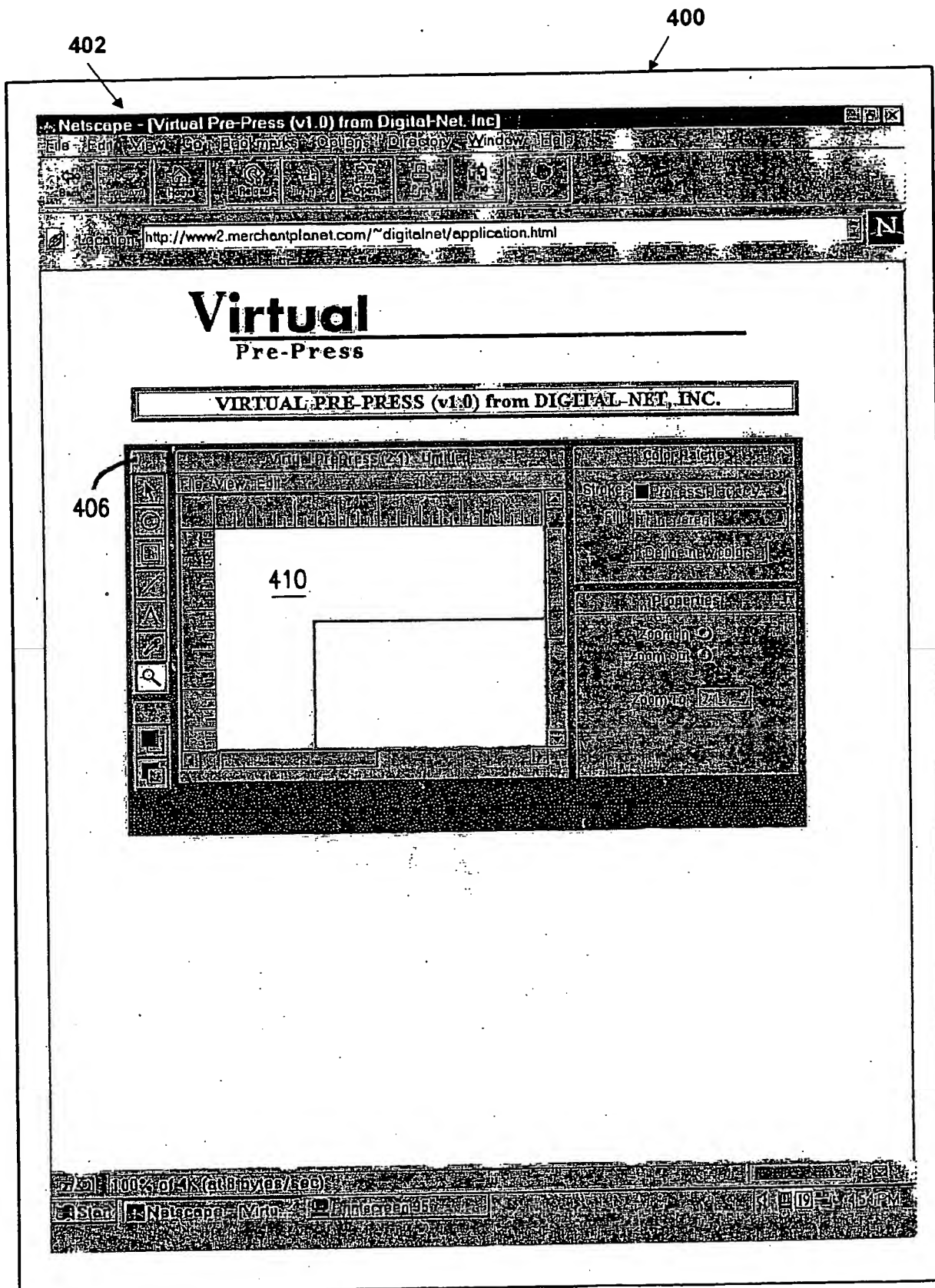


FIG. 4k

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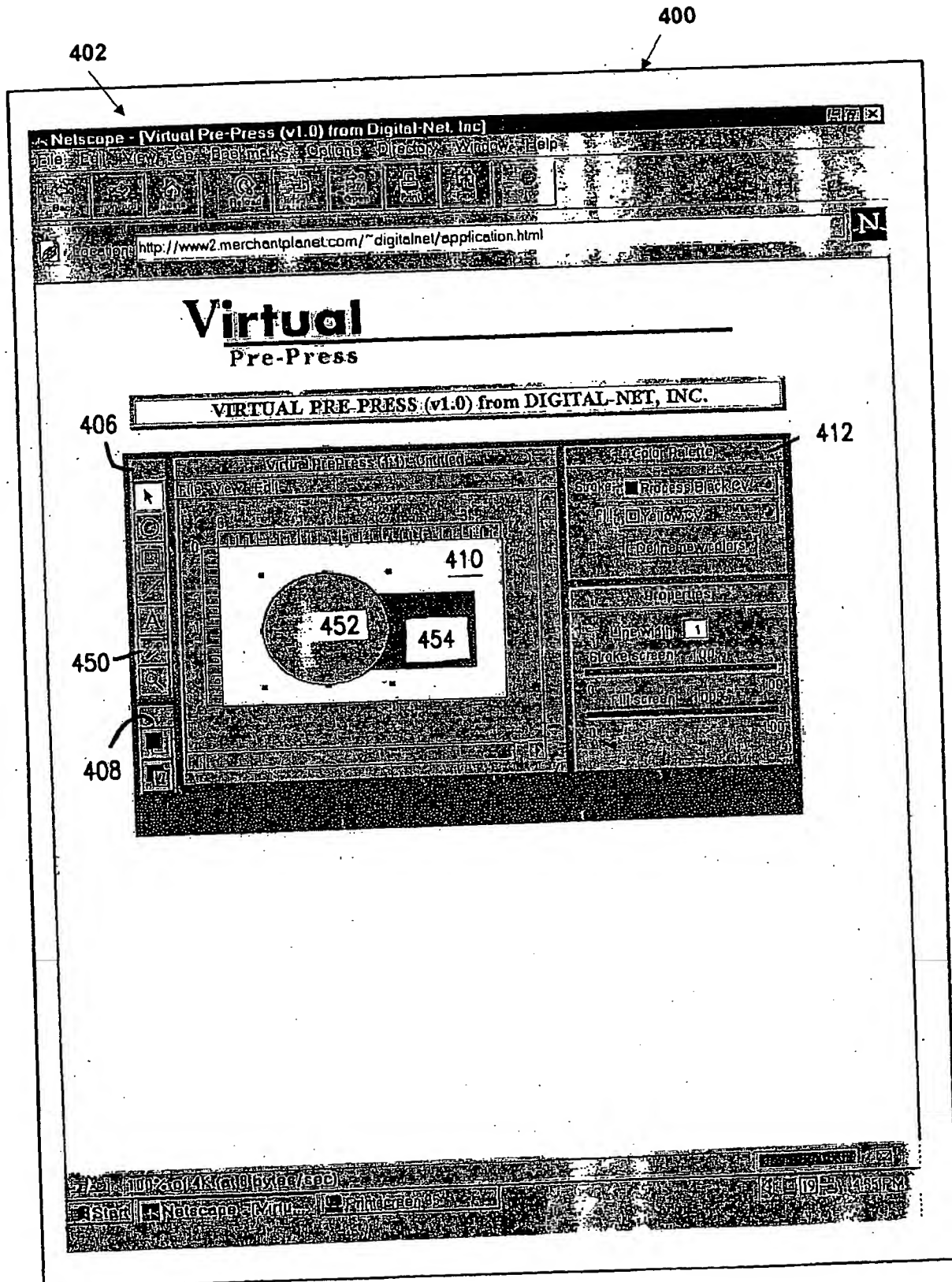


FIG. 4I

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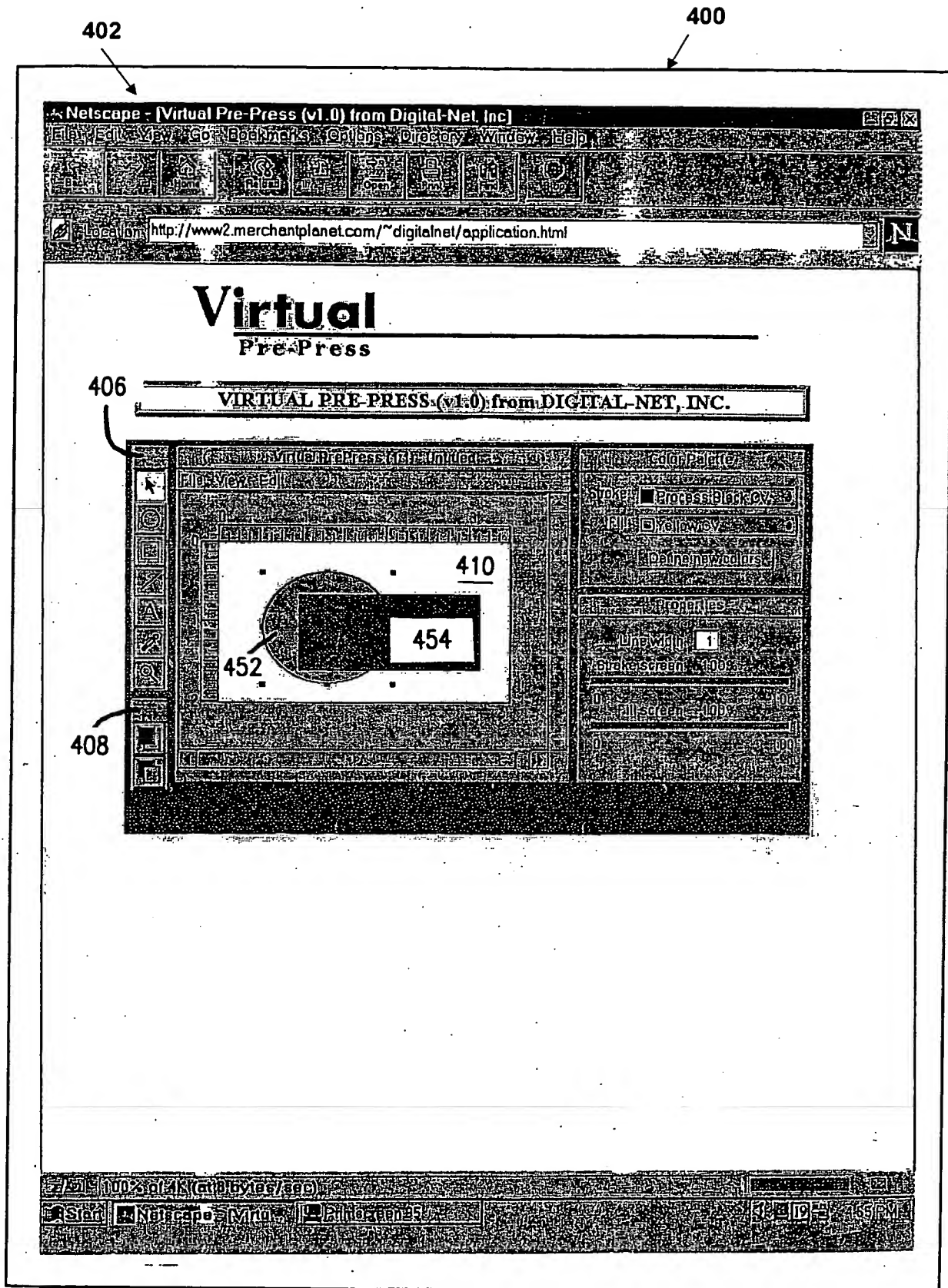



FIG. 4m




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**GLOBAL INSURANCE COMPANY**  
Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))

**GLOBAL INSURANCE COMPANY**  
  
FName MInitial LName  
Title or Position  
1234 Main Street, Suite 56  
Anytown, MN 55000 USA  
Tel (123) 456-7890  
Fax (123) 456-0000  
E-mail FNLName@globalins.com

Please Fill out the following form with information as you wish it to appear on your business card.  
Leave fields blank that do not apply.

**EMPLOYEE INFORMATION**  
  
First Name:  504  
Middle Initial:  506  
Last Name:  508  
Title or Position:  510

**CONTACT INFORMATION**

502500

FIG. 5a




Division/Dept.:	<input type="text"/>	512
Address:	<input type="text"/>	514
Suite/Number: (optional)	<input type="text"/>	516
City:	<input type="text"/>	518
State:	<input type="text"/>	520
Zip/Postal Code:	<input type="text"/>	522
Email:	<input type="text"/>	524
Email Format: initial.last@globalins.com		
Please Fill In your Telephone numbers. Leave fields blank that do not apply.		
Name:	Number:	
Telephone <input type="checkbox"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	526
Fax <input type="checkbox"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
empty <input type="checkbox"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
empty <input type="checkbox"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
<div>Preview Card</div>		
(Preview Card)	528	
502		500

FIG. 5b



**GLOBAL INSURANCE COMPANY**  
Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))

**GLOBAL INSURANCE COMPANY**

532

**Michael Johnson**  
National Sales Manager  
2002 Sibley Avenue, Suite 100  
Saint Paul, MN 55101 USA  
Tel (123) 456-7890  
Fax (123) 456-0000  
Email mjohnson@globalins.com

530

Please review your card above. This preview above will be EXACTLY how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION then click on the "Submit Card Order" button.

**EMPLOYEE INFORMATION**

First Name:

Middle Initial:

Last Name:

Title or Position:

534

**CONTACT INFORMATION**

Division/Dept.:

Address:

Suite/Number:   
(optional)

City:

State:

Zip/Postal Code:

Email:   
Email Format: initial.last@globalins.com

534

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

502

500

FIG. 5c



Name:		Number:	
<input type="text" value="Telephone"/>	<input type="checkbox"/>	<input type="text" value="(123) 456-7890"/>	Ext: <input type="text"/>
<input type="text" value="Fax"/>	<input type="checkbox"/>	<input type="text" value="(123) 456-0000"/>	Ext: <input type="text"/>
<input type="text" value="Home"/>	<input type="checkbox"/>	<input type="text" value=""/>	Ext: <input type="text"/>
<input type="text" value="Cell"/>	<input type="checkbox"/>	<input type="text" value=""/>	Ext: <input type="text"/>

ORDER & SHIPPING INFORMATION

PREVIEW

Number of Cards:

528

Type:

- ☒ Normal Inter-Office Delivery
- ☐ UPS 2nd Day Air
- ☐ UPS Next Day Air

Deliver to:

- ☒ Address on Business Cards.
- ☐ Alternative Address shown below.

First Name:

Last Name:

Address:

Address:

Suite/Number:

City:

State:

Zip/Postal Code:

VERIFICATION INFORMATION

Cost Center:

Employee I.D.#:

(Finish)

FIG. 5d